



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: JONATHAN RICHARDSON
DATE OF BIRTH: [REDACTED]
DOC#: 127630
DATE: 09/27/2022 09:32 AM
VISIT TYPE: Provider Visit

Established patient

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Gender identity disorder of adulthood	06/17/2020	N		
Gastroesophageal reflux disease	02/19/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Esophageal reflux, 530.81, added by Paul A. Talbot, MD, with responsible provider Paul A. Talbot MD. Onset date 02/19/2015.
Borderline personality disorder	05/04/2010	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Borderline personality disorder, 301.83, added by Darla Hinshaw, MD, with responsible provider . Onset date 05/04/2010; Axis II.
Recurrent major depressive episodes, mild	10/21/2019	N		

Problem List (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Asthma	03/19/2007	
Polysubstance Dependence	01/17/2011	
major depression in remission	01/17/2011	
Nonspecific reaction to tuberculin skin test witho	02/01/2011	
Epilepsy	06/11/2015	

Allergies

Ingredient	Reaction	Medication Name	Comment
PENICILLINS	Rash		
IBUPROFEN	Rash		

RICHARDSON, JONATHAN 127630 [REDACTED] 09/27/2022 09:32 AM 201/291

STATE001222

CEFTRIAXONE SODIUM

SOB, chest pressure,
rash

ROCEPHIN

Pt was given
0.5mg Epi x1
and NS IV w/
good results**Vital Signs****Height**

Time	ft	in	cm	Last Measured	Height Position
9:32 AM	5.0	11.0	0.0	02/08/2014	0

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
9:32 AM	205.0		92.986	dressed with shoes	28.59	

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
9:32 AM	130/87	sitting	left	arm	automatic	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
9:32 AM	98.30	36.8	oral	70	regular	16

Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
9:32 AM	98		RA			21			

Measured By

Time	Measured by
9:32 AM	Andrea K. Fulton, MA

Suicide Risk Screening**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Gender identity disorder in adults (302.85).
	Impression	Met with offender to discuss his medications. He recently requested an increase in his hormone supplements because his hormone levels are not where he believes they should be for his goals. This was reviewed by Dr. Heflin last week and his estradiol was increased to 6mg daily. His spironolactone was increased to 150mg daily. Explained this plan of care to offender. Confirmed correct MAR with pharmacy nurse..

Medications (Added, Continued or Stopped this visit)

RICHARDSON, JONATHAN 127630 [REDACTED] 09/27/2022 09:32 AM 202/291

STATE001223

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
09/21/2022	estradiol 2 mg tablet	take 3 tablet by oral route every day	N			03/19/2023
05/06/2022	Proventil HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 4 - 6 hours as needed	Y		DO NOT SEND - MAX REFILL ONCE Q 3-4M	11/01/2022
05/05/2022	spironolactone 100 mg tablet	take 1 tablet by oral route every day	N			10/31/2022
09/21/2022	spironolactone 50 mg tablet	take 1 tablet by oral route every day	N			03/19/2023
05/05/2022	Zocor 10 mg tablet	take 1 tablet by oral route every day in the evening	N			10/31/2022

Provider:

Crawford, Victoria 09/27/2022 12:54 PM

Document generated by: Victoria M. Crawford, FNP 09/27/2022 12:54 PM

Indiana Government Center South
 302 W. Washington Street
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State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: JONATHAN RICHARDSON
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 09/21/2022 10:08 AM
HISTORIAN: self
VISIT TYPE: Onsite Consult

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 269740

Start time: 9:00 AM

End time: 00 hours, 40 minutes

Duration: 00 hours, 40 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/21/2022 10:08 AM

STATE001225

Hallucination: Denied None evidenced
 Thought content: Within normal limits
 Delusions: None Reported
 Cognition: Within normal limits
 Intelligence estimate: Average
 Insight: Within normal limits
 Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today: New issue resolved, no update required

Explanation: Patient was seen in MHP's office for her HCR submitted 9/19/22, received/screened 9/19/22 (routine), stating she wanted to be seen by mental health. Patient processed through her incarceration during therapy and spoke about her barriers regarding her femininity in a mens prison. She was tearful but stated that she has been feeling better about herself and stated that she has been trying to advocate more for herself and the LGBTQ community. Identified her strengths and goals.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Provided feedback on patient's self-defeating patterns and beliefs.

Validated patient's thoughts and concerns

Increased patient's insight into his triggers and his response to them.

Response to Interventions/Progress Toward Goals and Objectives:

Patient remained cooperative and respectful throughout the session. He was receptive to feedback given by MHP

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		09/21/2022	09/21/2022	No				
Property	Denies		09/21/2022	09/21/2022	No				

Patient Name: RICHARDSON, JONATHAN
 ID: 127630 Date of Birth: [REDACTED]

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 Encounter Date: 09/21/2022 10:08 AM

STATE001226

Homicide Denies 09/21/2022 09/21/2022 No

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

Plan and Additional Information

Date	Order Description
	Physician contacted for treatment and orders
12/20/2022	Sick call if signs and symptoms of infection develop or symptoms do not subside
12/20/2022	MHP follow-up for MH Monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 09/21/2022

Behavioral Health Billing

Start time: 9:00 AM
End time: 9:40 AM
Duration: 00 hours, 40 minutes
Modifier: N/A

Education	Date Provided	Provided By
Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment	09/21/2022	Abiola Amusan, RN
Patient education provided	09/21/2022	Abiola Amusan, RN

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/21/2022 10:08 AM

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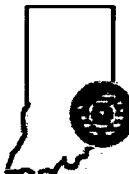
Document generated by: Leticia Martinez-Mateos 09/21/2022 10:14 AM

Indiana Government Center South
302 W. Washington Street
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Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/21/2022 10:08 AM

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State of Indiana

Department of Correction

Division of Medical and Clinical Health Care Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT:

JONATHAN RICHARDSON

DATE OF BIRTH:

[REDACTED]

DOC #:

127630

DATE:

09/21/2022 8:23 AM

VISIT TYPE:

Nurse Visit

Nurse Visit

Reason for visit: MED REVIEW

HCR#: 269739

Statement of complaint (in patient's words): I would like to see the Doctor about increasing my Estradiol and spironolactone

I would like to see the Doctor about getting on midol for my bloating and cramping

Vital Signs

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
9:58 AM	223.0		101.151			

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
9:58 AM	127/78	sitting	left		automatic	
8:24 AM	135/87	sitting			automatic	

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
9:58 AM				83		16
8:24 AM				68		18

Pulse Oximetry/FiO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
9:58 AM	99		RA						
8:24 AM	100		RA						

Measured By

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/21/2022 08:23 AM

STATE001229

Time	Measured by
9:58 AM	Abiola Amusan, RN
8:24 AM	Abiola Amusan, RN

Nurse Protocols:

MISCELLANEOUS AND OTHER COMPLAINTS

Subjective:

Associated symptoms: Spironolactone and Estradiol review

Assessment:

Lab result reviewed

Review/Comments

Patient smokes 14.00 packs a year

Medications

Medication	Sig	PRN	PRN Reason	Comment
		Status		
estradiol 2 mg tablet	take 3 tablet by oral route every day	N		
Proventil HFA 90 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 4 - 6 hours as needed	Y		
spironolactone 50 mg tablet	take 1 tablet by oral route every day	N		
spironolactone 100 mg tablet	take 1 tablet by oral route every day	N		
Zocor 10 mg tablet	take 1 tablet by oral route every day in the evening	N		

Orders

Status	Order	Timeframe	Frequency	Duration	Stop Date
completed	Physician contacted for treatment and orders				
completed	Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment				
completed	Patient education provided				
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside				

General Comments

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/21/2022 08:23 AM

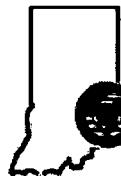
STATE001230

Offender seen, lab result requested and same shown, to be discussed by the physician, Dr Heflin contacted , Both medication dosages were increased, blood work to be ordered by the physician. Follow up 1 month. Midol was not ordered at this time as the provider said the facility do not carry med at this time. Offender to visit commissary for other pain relieve med.

Education	Date Provided	Provided By
Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment	09/21/2022	Abiola Amusan, RN
Patient education provided	09/21/2022	Abiola Amusan, RN

Document generated by: Abiola Amusan, RN 09/21/2022 10:05 AM

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Indianapolis, IN 46204



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT:

JONATHAN RICHARDSON

DATE OF BIRTH:

[REDACTED]

DOC #:

127630

DATE:

09/07/2022 1:07 PM

HISTORIAN:

self

VISIT TYPE:

Onsite Consult

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 272138

Start time: 10:00 AM

End time: 00 hours, 50 minutes

Duration: 00 hours, 50 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Mood: Depressed

Affect: Constricted

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/07/2022 01:07 PM

STATE001232

Thought content: Within normal limits
Delusions: None Reported
Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today. New issue resolved, no update required

Explanation: Patient was seen in MHP's office for her HCR submitted 8/31/22, received/screened 9/2/22 (routine), stating she wanted to be seen by mental health. Patient continued to process current mental health barriers as she presented with depressed mood. Patient discussed trying to keep herself stable by reminding herself that she will release from prison one day. She stated that she often tries to speak with others and keep herself occupied. She denied experiencing an increase in agitation but is simply "tired" of her incarceration. Patient demonstrated insight into her mental health struggles and was able to acknowledged coping skills and social supports.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Provided feedback on patient's self-defeating patterns and beliefs.

Validated patient's thoughts and concerns

Increased patient's insight into his triggers and his response to them.

Response to Interventions/Progress Toward Goals and Objectives:

Patient remained cooperative and respectful throughout the session. He was receptive to feedback given by MHP.

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		09/07/2022	09/07/2022	No				
Property	Denies		09/07/2022	09/07/2022	No				

Homicide Denies 09/07/2022 09/07/2022 No

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description
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SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

Plan and Additional Information

Date	Order Description
09/21/2022	MHP follow-up for MH Monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 09/13/2022

Behavioral Health Billing

Start time: 10:00 AM
End time: 10:50 AM
Duration: 00 hours, 50 minutes
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 09/13/2022 10:23 AM

Indiana Government Center South
302 W. Washington Street
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Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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STATE001234

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 09/07/2022 01:07 PM

STATE001235



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: JONATHAN RICHARDSON
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 08/17/2022 1:04 PM
HISTORIAN: self
VISIT TYPE: Psychotherapy - Individual

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

Individuals Present/Support Resources

Contact type:

Onsite

Individual present.

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Thought content: Within normal limits

Delusions: None Reported

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 08/17/2022 01:04 PM

STATE001236

Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

Explanation: Pt seen at her request for follow-up regarding the recent meeting to discuss her request to transfer to a women's facility. She asked about the outcome of the meeting, and the psychologist told her that no decisions were made at the facility level after the meeting. Shared that the PREA committee discussed the request and then passed it along, accompanied by notes from the meeting, to the next level of review for the request. Richardson pressed for additional information about whether the PREA committee was for or against the transfer, and the psychologist informed her that he does not know what specifically was communicated in the notes accompanying her request. Psychologist answered what questions he was able in order to maintain transparency about the process with Richardson, but informed Richardson that there is limited information that he has available to share. Richardson then discussed her desire to pursue surgical interventions (breast augmentation, gender affirming genital surgery, laser hair removal, or any other interventions available) in order to further her transition before being released from prison. Psychologist shared that the evaluation process for such requests occurs with providers from outside of this facility, but that psychologist would pass along the request to initiate the process. Finally, Richardson asked about help pursuing a name change and change of gender marker through the courts. Psychologist informed Richardson that he would be happy to provide any documentation or complete any forms that the court requests, and she appeared satisfied with that response. Recommend to continue routine follow-up with his usual therapist per their treatment plan.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Mismatch between assigned gender and gender identity no longer causes marked distress.	Identify ways in which gender identity leads to distress, exacerbates symptoms of depression, and contributes to other concerns such as irritability and self-destructive behavior.

Current Assessment

Individual's progress: Good progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.
Patient denies property damage ideation, plan, intent, and/or attempt.
Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale

Suicide	Denies	08/17/2022	08/17/2022	No
Property	Denies	08/17/2022	08/17/2022	No
Homicide	Denies	08/17/2022	08/17/2022	No

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description
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SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 08/17/2022.

Highest GAF: 70

Date: 08/17/2022.

Plan and Additional Information

Date	Order Description
	Follow up as needed

SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP, on 08/19/2022

Behavioral Health Billing

Modifier: N/A

Document generated by: Richard J. Gale, PsyD, HSPP 08/19/2022 09:25 AM

Indiana Government Center South
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Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 08/17/2022 01:04 PM

STATE001239



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT:

JONATHAN RICHARDSON

DATE OF BIRTH:

[REDACTED]

DOC #:

127630

DATE:

08/11/2022 1:04 PM

HISTORIAN:

self

VISIT TYPE:

Onsite Consult

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 274892

Start time: 2:00 PM

End time: 00 hours, 45 minutes

Duration: 00 hours, 45 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Mood: Depressed

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 08/11/2022 01:04 PM

STATE001240

Thought content: Within normal limits
Delusions: None Reported
Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today: New issue resolved, no update required

Explanation: Patient was seen for her HCR submitted 8/4/22, received/screened 8/6/22 (routine), stating she wanted to be seen by mental health. Patient discussed her goals for transferring to a women's prison and for barriers she expects to face along the way. She discussed self advocacy and goals that she continues to maintain to ensure she achieves her goals. Patient acknowledged feeling as though she is fighting an uphill battle given that not many incarcerated trans women individuals have ever transferred to designated women's prisons. Patient acknowledged her strengths and hopes. She asked to be seen every two weeks as she feels she needs mental health support during this process.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Utilized active listening while patient discussed past trauma.
Encouraged patient to be proactive in his mental health treatment.
Reminded patient of his strengths.
Praised patient for strengthening his self-advocacy skills.
Validated patient's thoughts on his mental health progress.

Response to Interventions/Progress Toward Goals and Objectives:

Patient appeared to display euthymic mood and remained respectful throughout the session. Acknowledged feeling overwhelmed but identified strengths to overcome this.

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with medications. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.
Patient denies property damage ideation, plan, intent, and/or attempt.
Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		08/11/2022	08/11/2022	No				
Property	Denies		08/11/2022	08/11/2022	No				
Homicide	Denies		08/11/2022	08/11/2022	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 07/01/2021.

Highest GAF: 70

Date: 05/03/2021.

Plan and Additional Information

Date	Order	Description
08/25/2022		MHP follow-up for MH Monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 08/16/2022

-Behavioral Health Billing

Start time: 2:00 PM
End time: 2:45 PM
Duration: 00 hours, 45 minutes
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 08/16/2022 03:16 PM

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Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 08/11/2022 01:04 PM

STATE001243



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: **JONATHAN RICHARDSON**
DATE OF BIRTH: [REDACTED]
DOC #: **127630**
DATE: **07/26/2022 4:28 PM**
HISTORIAN: **self**
VISIT TYPE: **Onsite Consult**

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 280591

Start time: 9:00 Am

End time: 00 hours, 30 minutes

Duration: 00 hours, 30 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/26/2022 04:28 PM

STATE001244

Hallucination: Denied None evidenced
Thought content: Within normal limits
Delusions: None Reported
Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today. New issue resolved, no update required

Explanation: Patient was seen in MHP's office for his HCR submitted 7/13/22, received/screened 7/14/22 (routine), stating "I need to see Ms. Martinez about a healthcare certification letter for the courts concerning my name change and gender marker change. " Processed patient's concerns over wanting to transfer to a women's prison as she continues to acknowledge harassment by other offenders at this facility. Contacted PREA coordinator to inform her of patient's concerns and transfer inquiry.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Actively listened to patient as he discussed mental health history.

Inquired about his social supports.

Processed trauma experienced in the prison setting.

Encouraged patient to remain communicative about his mental health goals.

Response to Interventions/Progress Toward Goals and Objectives:

Patient remained cooperative and respectful. He was receptive to feedback provided by MHP.

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		07/26/2022	07/26/2022	No				

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/26/2022 04:28 PM

Property	Denies	07/26/2022	07/26/2022	No
Homicide	Denies	07/26/2022	07/26/2022	No

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 07/01/2021.

Highest GAF: 70

Date: 05/03/2021.

Plan and Additional Information

Date	Order Description
10/24/2022	MHP follow-up for MH Monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 08/04/2022

Behavioral Health Billing

Start time: 9:00 Am
End time: 9:30 AM
Duration: 00 hours, 30 minutes
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 08/04/2022 04:34 PM

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Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

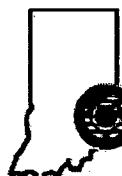
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Encounter Date: 07/26/2022 04:28 PM

STATE001246

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/26/2022 04:28 PM

STATE001247



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: **JONATHAN RICHARDSON**
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 07/25/2022 6:50 AM
HISTORIAN: self
VISIT TYPE: Psychotherapy - Individual

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 268804

Individuals Present/Support Resources

Individual not present.

Reason: Other

Explanation: Response to HCR requesting to see Dr. Gale.

Subjective Information

Explanation: MHP responded to IP to inform that Dr. Gale is out until 8/1 and if they wish to be seen by Dr. Gale to submit a new HCR after 8/1. However, if it is an urgent matter and wish to be seen by a different MHP, to submit a new HCR stating reasoning for urgent matter.

Risk Assessment

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious, isolates
Legal system/crime	Yes	Incarcerated

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/25/2022 06:50 AM

STATE001248

AXIS V
Current GAF: 70
Date: 07/01/2021.

Highest GAF: 70
Date: 05/03/2021.

SIGNATURES

Staff: Signed by Brooke N. Maves, MHP, LMHC on 07/25/2022
Behavioral Health Billing

Modifier: N/A

Document generated by: Brooke N. Maves, MHP 07/25/2022 06:53 AM

Indiana Government Center South
302 W. Washington Street
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Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/25/2022 06:50 AM

STATE001249



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Completed By Abiola Amusan, RN
Date Completed: 07/20/2022
Offender Name: JONATHAN RICHARDSON
DOB: [REDACTED]
Name of Facility: CIC
IDOC Number: # 127630

DISABILITY CLASSIFICATION

Disability Code: A

Section A

A. _x_ No Disability. This category applies to all incarcerated individuals without significant physical, visual, hearing impairment.

B. Incarcerated individuals who are blind or have other significant visual impairments: This category applies to those incarcerated individuals who are blind or visually impaired with bilateral vision defects that even with the best correction seriously adversely affects the incarcerated individual's ability to participate independently in ADLs.

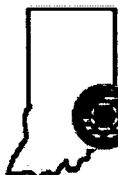
This category is not used for incarcerated individuals who wear contact lenses or who have functional vision in one eye.

Incarcerated individuals with dual sensory impairment in which there is a disturbance of both vision and hearing which seriously adversely affects an offender's ability to participate in ADLs will be also classified to this category.

C. Incarcerated individuals with a mobility or ambulation impairment, including wheelchairs and crutches: This category applies to those incarcerated individuals with a neuromuscular impairment that seriously adversely affects the incarcerated individual's locomotion or gross motor functions. The impairment must be such that it seriously interferes with the incarcerated individual's ability to participate independently in ADLs. Examples include but are not limited to: paralysis; neuromuscular disorders which impair strength such as myasthenia gravis; or, spastic disorders such as cerebral palsy.

D. Incarcerated individuals who are deaf or have other profound hearing loss, or who have certain communication impaired disorders. This category applies to those incarcerated individuals who are deaf or suffer from a profound hearing loss in which there is a bilateral disturbance of

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hearing that cannot be corrected with amplification and that seriously adversely affects the incarcerated individual's ability to participate independently in ADLs. Incarcerated individuals with a hearing loss corrected with a hearing aid do not belong in this category.

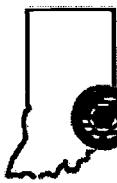
Incarcerated individuals with other communication impairment disorders in which there is a disturbance of articulation, speech, voice, or language which seriously adversely affects the incarcerated individual's ability to participate in ADLs despite maximal therapeutic measures will also be assigned to this category.

Date: 07/20/2022 02:43 PM

Provider: John Heflin MD

Document generated by: Abiola Amusan, RN 07/20/2022 02:43 PM

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Division of Medical and Clinical Healthcare Services

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Completed By: Abiola Amusan, RN
Date Completed: 07/20/2022
Offender Name: JONATHAN RICHARDSON
DOB: [REDACTED]
Gender: male
Name of Facility: CIC
IDOC Number: # 127630

FLU SCREENING FORM

In the last 24-48 hours, denies experiencing any flu symptoms.

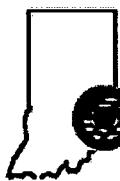
Flu vaccine received this year

Date: 07/20/2022 02:42 PM

Provider: John Heflin MD

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Abiola Amusan, RN

Completed By:

Date Completed: 07/20/2022

Offender Name: JONATHAN RICHARDSON

DOB: [REDACTED]

Gender: male

Name of Facility: CIC

IDOC Number: # 127630

HEAT STRESS QUESTIONNAIRE

Do you weight more than the weight indicates for your age and height on the weight table on the reverse of this form? no

Are you pregnant and in the second half of the pregnancy? no

Do you have emphysema? no

Do you have chronic obstructive lung disease? yes

Do you have congestive heart failure? no

Do you have chronic kidney disease? no

Do you have cirrhosis of the liver? no

Do you take medication to relax the urinary bladder and help control urination? no

Do you take water pills (diuretic medication)? yes

Do you take medication to control allergies? no

Do you take medication to control mental illness? yes

Do you take medication to control the side effects of medication used to control mental illness? no

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Do you take medication to control intestinal spasm? no

Do you take any other medication that has been prescribed by a doctor? yes

Date: 07/20/2022 02:42 PM

Provider: John Heflin MD

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STATE001254

**DEPARTMENT OF CORRECTIONS
ANNUAL NURSE WELL ENCOUNTER**

SITE: CIC

COMPLETED BY: Abiola Amusan, RN 07/20/2022 2:29 PM



State of Indiana

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: JONATHAN RICHARDSON
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 07/20/2022 2:29 PM
VISIT TYPE: Nurse Visit

Vital Signs

Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2
2:30 PM	213.0		96.615			

Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
2:30 PM	115/78	sitting	left		automatic	

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:30 PM	97.20	36.2		83	regular	18

Pulse Oximetry/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
2:30 PM	100	100	100						

TB Review

Placed	Site	Side	Read	Result
07/10/2021	arm	left	07/11/2021	0 mm
07/19/2020	arm	right	07/21/2020	0 mm
10/12/2019	LA	left	10/14/2019	0 mm
07/21/2018	arm	right	07/23/2018	0 mm
07/21/2017	arm	left	07/23/2017	0 mm
07/22/2016	arm	left	07/24/2016	0 mm
05/08/2014		left	05/10/2014	0 mm
07/17/2012	arm	left	07/19/2012	0 mm
07/08/2007	RA		07/11/2007	0 mm

RICHARDSON, JONATHAN 127630 [REDACTED] 07/20/2022 02:29 PM Page: 234/291

**DEPARTMENT OF CORRECTIONS
ANNUAL NURSE WELL ENCOUNTER**

SITE: CIC

COMPLETED BY: Abiola Amusan, RN 07/20/2022 2:29 PM

Past Positive Symptom Check

Reviewed and all responses negative.

Medical Observations

Tattoos/body piercing

Seen a doctor within the past 6 months

Review/Comments

Health maintenance current

Communicable disease testing current

Medical classification current

Disability status code current

Patient smokes 14.00 packs a year

Patient has not had a 30 pack year history of smoking cigarettes

Patient stopped smoking in 2001

Comments: Offender denies chest pain, SO8, black/ bloody stool. Self testicular exam info given, PPD placed to be read in 48hrs. Cleared for kitchen services

Suicide Risk Screening

1. Arresting or transporting officer believes subject may be suicide risk. No
2. Lacks close family/friends in community. No
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). No
4. Worried about major problems other than legal situation (terminal illness). No
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). Yes
6. Has psychiatric history (psychotropic medication or treatment). No
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. No
8. Expresses thoughts about killing self. No
9. Has a suicide plan and/or suicide instrument in possession. No
10. Has previous suicide attempts. (Note methods and dates). Yes

**DEPARTMENT OF CORRECTIONS
ANNUAL NURSE WELL ENCOUNTER**

SITE: CIC

COMPLETED BY: Abiola Amusan, RN 07/20/2022 2:29 PM

11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). No
12. Shows signs of depression (crying, emotional flatness). No
13. Appears overly anxious, afraid or angry. No
14. Appears to feel unusually embarrassed or ashamed. No
15. Is acting and/or talking in a strange manner. Cannot focus attention; hearing or seeing things not there). No
16. History of substance abuse treatment? No
17. Is apparently under the influence of alcohol or drugs. No
18. If YES to #17, is individual incoherent or showing signs of withdrawal or mental illness. No

Total Yes's: 2

Comments:

#10 hanging, overdose, # 5 brother and sister

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Indianapolis, IN 46204



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Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Completed By: Abiola Amusan, RN
Date Completed: 07/20/2022
Offender Name: JONATHAN RICHARDSON
DOB: [REDACTED]
Gender: male
Name of Facility: CIC
IDOC Number: # 127630

PHYSICAL HEALTH STATUS CLASSIFICATION

Medical Code: G2

A. Free of illness or injury; free of physical impairment; individuals with short term self-limiting condition requiring minimal surgical, medical, nursing or dental intervention limited to 30 days duration.

This category includes all minor health care conditions such as colds or other short-lived viral conditions, simple lacerations requiring sutures and plaster casts or fixation devices which do not dramatically interfere with ambulation or work.

Conditions in this classification do not require accessibility housing or residential (impatient or infirmary) support. Health care intervention, if necessary, is limited to periodic consultation, treatment or evaluation by a physical health provider, nursing or dental personnel.

Patients requiring ongoing clinical assessments or treatments, which must be performed by health care staff several times a week or more, may not be assigned to this classification. Patients capable of performing self-care (i.e. can do their own dressing changes) may remain in this category if they would otherwise qualify.

B. Illnesses that do or will recurrently require skilled nursing care of any chronic physical or cognitive disability which requires on-going nursing care. Needs inpatient bed or immediate access to an inpatient bed.

This category includes all conditions in which continuous or intermittent inpatient or infirmary care is needed. Conditions in this classification include terminal illnesses in the late stages such as cancer, AIDS, end stage cardiac, respiratory or liver disease, and chronic physical or cognitive conditions which severely restricts the patient's ability to participate in activities of daily living such as quadriplegia, severe neuromuscular disorders, or late stage Alzheimer's disease requiring skilled nursing care.

C. Renal failure requiring hemodialysis or peritoneal dialysis.

This category may also include patients with significant renal insufficiency in which a restrictive renal diet is necessary.

F. Physical health condition (including chronic care) requiring frequent monitoring/surveillance and the on-site availability of licensed health care personnel twenty-four-hours per day or the incarcerated

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individual is frail and debilitated.

This category includes any condition or illness that is chronic and requires frequent or recurring consultation, evaluation and/or treatment by health care personnel and the immediate availability of licensed health care personnel. Uncontrolled diabetes (e.g. HbgA1C is greater than 8), uncontrolled hypertension, seizure disorders with poor control, asthmatics prone to exacerbations and unstable angina are examples.

This code should also be used for patients who are frail or debilitated residing on a "medical dorm. In general, before an F code may be changed to a "G" code, the health status of the patient must be stable, without medication for at least 90 days.

G. _x_

1.

Any stabilized, permanent or chronic physical or medical condition in which:

Frequent monitoring/surveillance is not needed;

2. _x_

The incarcerated individual demonstrates an appropriate degree of knowledge and motivation and is able to perform self-care;

3.

A twenty (20) pound or greater weight lifting restriction is needed.

4.

Negative Air Flow Room;

5.

Traumatic Brain Injury or Dementia.

This category includes any condition or illness in which frequent consultation, evaluation and/or treatment by medical or nursing personnel is not needed. Examples include stable angina, controlled diabetes (e.g, HbgA1C is less than 8) stable asthmatics, controlled seizure disorders.

This category also includes any condition or illness in which the patient has completed a course or rehabilitation and/or received special training or instructions and demonstrates an ability to perform self-care. Examples of these conditions include stable insulin dependent diabetics, patients with ostomies and conditions which require restrictions in lifting to 20 pounds or less.

Patients with reactive TB skin test (not active disease) receiving TB prophylactic medication such as isoniazid (INH) should be assigned to this category; patients with active disease are to be placed in this code category when they are stable on oral medication and no longer contagious.

I.

Short term self-limiting conditions of 31 to 180 days duration: conditions which may require a placement in an observation/short stay infirmary bed or requires that an inmate be placed in a negative pressure room.

This category includes any condition or illness which is not permanent or progressive and not expected to last longer than 180 consecutive days. Conditions in this classification may require a limited stay in an observation/short stay infirmary bed. Examples of such conditions are extensive dental treatment, awaiting or recuperating from surgery, fractures requiring casts, stabilizing braces or pins which dramatically affects a patient's ability to ambulate or work for a period of time not to exceed six (6) months or a patient who is being worked up for tuberculosis.

J.

Pregnancy.

This category includes all pregnant women up to the six (6) weeks post-partum exam.

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**Indiana Government Center South
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Date: 07/20/2022 02:43 PM

Provider: John Heflin MD

Document generated by: Abiola Amusan, RN 07/20/2022 02:43 PM

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STATE001260



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Indiana Government Center South
302 W. Washington Street
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Facility: CIC

Date: 07/20/2022 02:29 PM

Offender Name: JONATHAN RICHARDSON

DOB: [REDACTED]

Gender: male

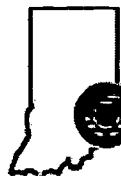
DOC nbr: # 127630

BEHAVIORAL HEALTH STATUS CLASSIFICATION

BH Code: D

- A.** Free of functional behavioral health impairment in the current living environment; individuals with short-term, self-limiting condition requiring minimal behavioral health intervention limited to (30) day's duration.
- B.** Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.
- C.** Psychiatric disorder that causes some functional impairment and requires psychiatric and/or psychological services to support an acute need or recent mental health crisis such as situational social stressors. Services necessary to provide stability, support and skills for self-management such as evidence-based group treatment, peer-led support, or regular psychiatric services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.
- D. x** Psychiatric disorder that requires frequent individual psychiatric and/or psychological services and/or the individual has a history of one or more of the following:
 - a) a serious suicide attempt and are newly (within the last year) admitted to the IDOC; and/or,
 - b) have had a serious suicide attempt or a serious self-injury within the last year; and/or,
 - c) who are on involuntary medication for the treatment of a mental health condition.Services needed may be routine and/or unplanned in nature and may involve mental health monitoring.

~~Indicates that the individual has a history of one or more of the following: a) a serious suicide attempt and are newly (within the last year) admitted to the IDOC; and/or, b) have had a serious suicide attempt or a serious self-injury within the last year; and/or, c) who are on involuntary medication for the treatment of a mental health condition.~~



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Department of Correction

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Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: **JONATHAN RICHARDSON**
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 07/06/2022 1:21 PM
HISTORIAN: self
VISIT TYPE: Onsite Consult

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 268903

Start time: 9:40 AM

End time: 00 hours, 35 minutes

Duration: 00 hours, 35 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: 0 [REDACTED]

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Encounter Date: 07/06/2022 01:21 PM

STATE001263

Hallucination: Denied None evidenced
Thought content: Within normal limits
Delusions: None Reported
Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today. New issue resolved, no update required

Explanation: Patient was seen in MHP's office for her HCR submitted 6/29/22, received/screened 6/30/22 (routine), stating " I would like to see Ms. Martinez about a recommendation for a female-facility transfer". During session, patient discussed wanting to transfer to a women's prison but not knowing how to begin the process. She stated that she also wishes to advocate for gender reassignment surgery as she would like to undergo this transition before she gets older. Patient described feeling as though she has had to prove her gender identity to others and stated that she wishes her transitioning experience would have been different. She continued to endorse depression symptoms and anxiety over living in a men's prison

Goals, Objectives, and Interventions Addressed Today

<u>Goal Today</u>	<u>Objective Today</u>
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Actively listened as patient discussed her barriers regarding her housing in a men's prison.

Validated her thoughts and concerns.

Provided clarification on mental health's role and barriers to advocating for patient.

Reminded patient that mental health will always advocate for her to have the space to discuss her concerns, but mental health is not able to make any recommendations for any incarcerated individual based on subjective information.

Response to Interventions/Progress Toward Goals and Objectives:

Patient acknowledged MHP's feedback and expressed gratitude over being given the space to discuss worries over her incarceration as a transgender woman.

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		07/06/2022	07/06/2022	No				
Property	Denies		07/06/2022	07/06/2022	No				
Homicide	Denies		07/06/2022	07/06/2022	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan	Attempt Description

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 07/01/2021.

Highest GAF: 70

Date: 05/03/2021.

Plan and Additional Information

Date	Order Description
10/04/2022	MHP follow-up for MH Monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 07/06/2022

Behavioral Health Billing

Start time: 9:40 AM
End time: 10:15 AM
Duration: 00 hours, 35 minutes
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 07/06/2022 01:50 PM

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/06/2022 01:21 PM

STATE001265

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/06/2022 01:21 PM

STATE001266



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: JONATHAN RICHARDSON
DATE OF BIRTH: [REDACTED]
DOC #: 127630
DATE: 07/01/2022 6:59 AM
HISTORIAN: self
VISIT TYPE: Onsite Consult

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

Start time: 10:00 AM

End time: 00 hours, 45 minutes

Duration: 00 hours, 45 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Mood: Depressed

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Hallucination: Denied None evidenced

Thought content: Within normal limits

Delusions: None Reported

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/01/2022 06:59 AM

STATE001267

Cognition: Within normal limits
Intelligence estimate: Average
Insight: Within normal limits
Judgment: Within normal limits

Subjective Information

New issues/stressors/extraordinary events presented today. New issue resolved, no update required

Explanation: Patient was seen in MHP's office for her mental health monitoring session. Patient acknowledged symptoms of depression and how they have affected her behavior and mental health. Discussed family and continued to practice self - reflection while discussing lifelong goals. Continued to acknowledged trauma in her past and having been impacted by oppression. Spoke about adaptive coping skills and how they are able to provide patient with support during incarceration. She discussed wanting to transfer to a women's prison and asked if mental health staff can advocate for patient to have the space to speak about her concerns. Discussed the policy for beginning to request a transfer and requested that mental health provide her with any information on how to begin that process.

Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Depressive symptoms do not impair daily functioning	Identifies negative thinking supporting depression

Interventions/Methods Provided:

Actively listened to patient as she discussed wanting to be transferred to a woman's prison.

Inquired about triggers that have influenced her decision to transfer at this time.

Discussed feelings of being overwhelmed as being connected to depression symptoms.

Encouraged patient to remain communicative about mental health goals.

Response to Interventions/Progress Toward Goals and Objectives:

Patient remained cooperative and respectful. She was receptive to feedback provided by MHP.

Current Assessment

Individual's progress: Some progress

Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant.

Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

Risk Assessment

CURRENT ENCOUNTER

Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.

Patient denies property damage ideation, plan, intent, and/or attempt.

Patient denies homicidal ideation, plan, intent, and/or attempt.

RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		07/01/2022	07/01/2022	No				
Property	Denies		07/01/2022	07/01/2022	No				

Homicide Denies 07/01/2022 07/01/2022 No

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description

SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 70

Date: 07/01/2021.

Highest GAF: 70

Date: 05/03/2021.

Plan and Additional Information

Date	Order Description
09/29/2022	MHP follow-up for MH monitoring

SIGNATURES

Staff: Signed by Leticia Martinez-Mateos, MSW, LSW on 07/05/2022

Behavioral Health Billing

Start time: 10:00 AM
End time: 10:45 AM
Duration: 00 hours, 45 minutes
Modifier: N/A

Document generated by: Leticia Martinez-Mateos 07/05/2022 07:08 AM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/01/2022 06:59 AM

STATE001269

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 07/01/2022 06:59 AM

STATE001270



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

Facility: CIC

PATIENT: **JONATHAN RICHARDSON**
DATE OF BIRTH: [REDACTED]
DOC #: **127630**
DATE: **05/24/2022 4:12 PM**
HISTORIAN: **self**
VISIT TYPE: **Onsite Consult**

Individual Counsel/Psych Prog Note

General

Program Name: Outpatient

HCR#: 276557

Start time: 10:05 AM

End time: 00 hours, 50 minutes

Duration: 00 hours, 50 minutes

MENTAL STATUS EXAM

GENERAL OBSERVATIONS:

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

MENTAL STATUS:

Unremarkable

Mood: Euthymic

Affect: Full

Speech: Clear

Thought process: Logical

Perception: WNL

Patient Name: RICHARDSON, JONATHAN
ID: 127630 Date of Birth: [REDACTED]

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Encounter Date: 05/24/2022 04:12 PM

STATE001271